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Bib Data Sheet

CONFIRMATION NO. 6220

SERIAL NUMBER 09/436,164	FILING DATE 11/09/1999 RULE	CLASS 435	GROUP ART UNIT 1632	ATTORNEY DOCKET NO. 13164
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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

AUSTRALIA PP7009 11/09/1998

AUSTRALIA PQ2852 09/15/1999

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 12/07/1999

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY AUSTRALIA	SHEETS DRAWING 7	TOTAL CLAIMS 46	INDEPENDENT CLAIMS 9
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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TITLE

EMBRYONIC STEM CELLS

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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